NOTICE OF INTENT

TO COMPLY WITH THE TERMS OF THE GENERAL WASTE DISCHARGE REQUIREMENTS FOR RESIDENTIAL ON-SITE WASTEWATER SYSTEMS WITHIN THE BAYVIEW HEIGHTS AND MARTIN TRACT AREAS OF LOS OSOS, SAN LUIS OBISPO COUNTY (ORDER No. 00-12)

I. OWNER/DISCHARGER					
Owner			Resident (if other than owner)		
Mailing Address		Mailing Address			
City, State, Zip		City, State, Zip			
Owner's Phone		Resident's Phone		<u> </u>	
II. FACILITY/SITE INFORMATION					
Site location		APN			
Date Lot Recorded		Lot Size			
Natural Slope of Disposal Area and Proximity to Surface Waters and Wells (attach map)		Depth to Ground Water (source of info)			
Complete design plans must be attacriteria specified in the Water Qualit limited to) information such as percodisposal facilities is recommended.	y Control Plan, Central	Cc	ast Region (Basin	Plan). Plans must include (but not	
VII.CERTIFICATIONS "I certify under penalty of law that this docu	ment and all attachments we	ere p	prepared under my dire	ection and supervision in accordance with a	
system designed to assure that qualified per or persons who manage the system, or those of my knowledge and belief, true, accurate including the possibility of fine and imprisor complied with.	e persons directly responsible , and complete. I am awar	e for	gathering the informati at there are significant	ion, the information submitted is, to the best t penalties for submitting false information,	
Printed Name:					
Signature:			Date:		
STATE USE ONLY WDID Date NOI Received				Fee Amount Received	
Date Response Issued Response Type Approved Denied Incomplete Individual Order Needed					

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